

ORIGINAL

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

BRIAN K REINBOLD  
PLAINTIFF

-vs.-

CASE No. 05-047 GMS

NATIONAL ASSOCIATION OF  
LETTER CARRIERS LOCAL 191  
and UNITED STATES POSTAL SERVICE  
DEFENDANTS

**ANSWER TO DEFENDANTS MOTION  
TO DISMISS**

A response to the defendants *Interrogatories* dated June 29, 2005 and there *Documents Requested* dated June 29, 2005 were sent via certified mail #7004 1160 0006 3104 1758 on July 26, 2005 and was received on July 28, 2005 by Defendant. Please see enclosed copies.

Dated November 16, 2005



Brian K Reinbold  
3909 Delaware Street  
Wilmington, DE 19808  
Plaintiff

FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
2005 NOV 17 PM 12:38

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

BRIAN K REINBOLD  
PLAINTIFF

-vs.-

CASE No. 05-047 GMS

NATIONAL ASSOCIATION OF  
LETTER CARRIERS LOCAL 191  
and UNITED STATES POSTAL SERVICE  
DEFENDANTS

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of each of the attached Answer was sent to the defendants by certified mail # 7004 1160 0006 3104 1734 on November 17, 2005.

Dated November 16, 2005



Brian K Reinbold  
3909 Delaware Street  
Wilmington, DE 19808  
Plaintiff

7004 1160 0006 3104 1758

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**NEW YORK NY 10036**

Postage	\$ 10.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 14.42</b>

07/26/2005 DE 18940-1000  
 Postmark Here  
 JUL 26 2005

Sent To  
 Coken, Weiss + Simon LLP  
 Street, Apt. No.,  
 or PO Box No. 330 West 42nd St  
 City, State, ZIP+4  
 New York, NY 10036-6976

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            X Cheryl Lassman <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:            Coken, Weiss + Simon LLP            Attn: Oriana Viskroff            330 West 42nd St            New York, NY 10036-6976</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service lab.) 7004 1160 0006 3104 1758</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540